

CLAIMS ONLY

Application Number

161058040

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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7						
8						
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11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20		1				
21						
22		1				
23						
24		1				
25						
26	1					
27		1				
28						
29		1				
30						
31		1				
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35		1				
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47						
48						
49						
50						
Total Indep	2					
Total Depend	10					
Total Claims	12					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						